

Defined Contribution Risk Adjuster Board Minutes

State Office Building Room 3112

Approved

March 22, 2011

Attendees: Dave Jackson, *First West Benefit Solutions*; John Borer, *PEHP*; Nancy Askerlund, *UDI*; Perri Babalis, *Utah Attorney General*; Steve Neeleman, *Health Equity*; Sue Watson, *OCHS*; Patty Connor, *OCHS Director*; Jill Goodmansen, *OCHS*; Jim Pinkerton, *Regence*; Russ Johnston, *First West Benefit Solutions*; Mark Andrews, *OLRGC*; Gabriella Benitez, *GBS Benefits*; Curt Howell, *Humana*

Lucy Feldkircher, *Health Equity* (via telephone); Scott Rose, *Health Equity* (via telephone); Laura Picciuca, *bswift* (via telephone); George Howell, *United Health Care* (via telephone); Kim Miller, *United Health Care* (via telephone); Mark Brown, *Select Health* (via telephone)

- I. Meeting called to order at 1:01 p.m.
- II. No comments on minutes from February 22, 2011 meeting.
- III. Patty Conner from OCHS gave an update regarding the OCHS Exchange
 - a. Broker Training update – 133 brokers attended broker training sessions. Additional broker training classes are schedule: Sandy (4/14/2011) and SLC (4/21/2011).
 - b. Carrier round table – OCHS had round table meeting with all 4 participating carriers to go over administrative services and guidelines. Another round table is scheduled for 3/23/2011.
 - c. Vendor Meeting – OCHS hosted a meeting with partners: bswift, HealthEquity, and eHealthApp on 3/2/2011 to talk about hand-offs, how to improve consumer experience, and technology.
 - d. Call Center Restructure – HealthEquity will no longer be in charge of the call center for the Utah Health Exchange due to legislative bill changes. No solution for the call center as of yet.
- IV. Perri Babalis with the Utah Attorney General – Comment period for the Plan of Operations is over. No other update.
- V. Adding/Revising Current 2-50 Exchange Medical/RX plan Offerings
 - a. Jim Pinkerton would like to introduce new products mid-year instead of just annually.
 - i. Kim Miller would also like to add new products mid-year.
 - ii. Mark Brown recommended only 1 other time throughout the year as he is worried about operational issues.
 - iii. Curt Howell agreed with Mark in only making changes 1 other time during the year.
 - iv. Laura Picciuca is concerned with having resources both on the carrier side and bswift side. She is also concerned with adding an end date to a plan because if this is done, everybody in that plan would be terminated. There is a way that bswift can grandfather the plan. Changes to the 834 files would also need

to be made prior to the plans taking affect. Laura stated it seems reasonable to make the 7/1 date.

- v. Lucy Feldkircher has no concerns operationally from a Health Equity standpoint.
- vi. Nancy Askerlund stated there are changes being made to plans all of the time outside the Exchange. This helps drive competition.
- vii. Norman Thurston made a motion that subject to ability of private vendor bswift add, delete, and modify plans one additional time effective sometime between July 1 and September 1 of this year. Motion was seconded. Vote was unanimous among Board members.

VI. Mark Brown with Select Health

- a. Risk Adjuster & Premium Allocation Subcommittee Report.
 - i. Webinar will be set up to discuss the efficiency of the all payer database and mechanism used to do risk assessment.
 - ii. There was some confusion as to which subcommittee would be looking at the 25% risk adjustment.
 - iii. Retrospective analysis – HealthEquity will work with OCHS a little more and report back from a timing stand point.

VII. Jim Pinkerton with Regence

- a. Underwriting Subcommittee Report
 - i. Life Event table – Lines 1, 3, & 7 resulted in checking the legal departments. Jim will get back with the RAB on this.
 - ii. Risk Adjustment Board okay with COBRA members only able to select prior plan and NetCare plans.
 - iii. How to handle renewals – A lot of questions may be resolved with the discussion with APD.
 - iv. Forms for denials were agreed upon. Jim will distribute these letters to OCHS who will then distribute to those who need it. The 2 types of denial letters that were discussed were 1) If group submitted quarterly wage and tax form and did not meet participation 2) Group did not submit the required documentation.
 - v. Created a flow chart which shows how risk factors are attached to individuals and groups and wants to attach to the plan of operations. Jim will email this flow chart out to the group.
 - vi. Jim will send out Underwriting Manual with changes made. This is not an official document and needs to be reviewed by the RAB. The following changes were made to the document:
 - 1. Page 2 – Groups of 1 or not in reference to PEO's.
 - 2. Page 7 – Other changes around PEO issue and making corrections

3. Page 9 – Wanted to add comment the floor on the IRF to be from 0 to 1.0. Need to take to RAPA for discussion.
4. Page 10 – Wanted to add wording to mediator carrier instructions.
5. Page 11 – More additions to several lines.

VIII. Kim Miller with United Health Care

- a. Marketing Subcommittee Report
 - i. Subcommittee meeting will be held March 25, 2011.

IX. Nancy Askerlund from Utah Insurance Department (UID)

- a. Handout given to group on health legislative updates, not just Exchange specific updates.

X. 2012 Renewal Process – All issues need to be sent to Dave Jackson.

XI. Next Meeting will be April 26, 2011 at 1:00 pm

XII. Meeting adjourned at 3:00 p.m.